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## TRANSMITTAL FORM (to be used for all correspondence after initial filing) (to be used for all correspondence after initial filing) First Named Inventor Mark S. Knighton Art Unit 2636 Examiner Name George A. Bugg Total Number of Pages in This Submission 7 Attorney Docket Number 4956P003

| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                     |                                         |                                                                |      |                                                                      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------|------|----------------------------------------------------------------------|--|--|
| Fee Transmittal Fo                                                                                                                                                                                                                                                                    | orm                                     | Drawing(s)                                                     |      | After Allowance Communication to Group                               |  |  |
| Fee Attached                                                                                                                                                                                                                                                                          | i                                       | Licensing-related Papers                                       |      | Appeal Communication to Board of Appeals and Interferences           |  |  |
| Amendment / Resp                                                                                                                                                                                                                                                                      | onse                                    | Petition                                                       |      | Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |  |  |
| After Final Affidavits/declaration(s)                                                                                                                                                                                                                                                 |                                         | Petition to Convert a<br>Provisional Application               |      | Proprietary Information                                              |  |  |
| Extension of Time Request                                                                                                                                                                                                                                                             |                                         | Power of Attorney, Revocation Change of Correspondence Address |      | Status Letter                                                        |  |  |
| Express Abandonment Request                                                                                                                                                                                                                                                           |                                         | Terminal Disclaimer                                            |      | Other Enclosure(s)<br>(please identify below):                       |  |  |
| Information Disclosure Statement                                                                                                                                                                                                                                                      |                                         | Request for Refund                                             |      | Return Receipt Postcard (1)<br>Check: \$620.00 (1)                   |  |  |
| PTO/SB/08  Certified Copy of Priority Document(s)                                                                                                                                                                                                                                     |                                         | CD, Number of CD(s)                                            |      |                                                                      |  |  |
| Response to Missir Incomplete Applicat                                                                                                                                                                                                                                                | ng Parts/                               |                                                                |      |                                                                      |  |  |
| Basic Filing Fee                                                                                                                                                                                                                                                                      |                                         | Remarks                                                        |      |                                                                      |  |  |
| Declaration/POA  Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                                                                                                  |                                         |                                                                |      |                                                                      |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT                                                                                                                                                                                                                                            |                                         |                                                                |      |                                                                      |  |  |
| Firm<br>or                                                                                                                                                                                                                                                                            | Firm Thomas M. Coester, Reg. No. 39,637 |                                                                |      |                                                                      |  |  |
| Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP                                                                                                                                                                                                                                |                                         |                                                                |      |                                                                      |  |  |
| Signature Thomas Colste                                                                                                                                                                                                                                                               |                                         |                                                                |      |                                                                      |  |  |
| Date                                                                                                                                                                                                                                                                                  | Date June 9, 2005                       |                                                                |      |                                                                      |  |  |
| CERTIFICATE OF MAILING/TRANSMISSION                                                                                                                                                                                                                                                   |                                         |                                                                |      |                                                                      |  |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                         |                                                                |      |                                                                      |  |  |
| Typed or printed name                                                                                                                                                                                                                                                                 | Typed or printed name Susan M. Barrelte |                                                                |      |                                                                      |  |  |
| Signature                                                                                                                                                                                                                                                                             | XXLA                                    | mille                                                          | Date | June 9, 2005                                                         |  |  |

| FEETRANSMITTAL Complete if Known Application Number 09/660 811                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                        |  |
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| DEMARKS                                                                                                                                                                                | for FY 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | U <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Filing Date                                  | September 13, 2000                                                     |  |
| Pa                                                                                                                                                                                     | tent fees are subject to annual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | revision.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | First Named Inventor                         | Wark S. Ringitton                                                      |  |
| Applicant clair                                                                                                                                                                        | ms small entity status. S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Examiner Name                                | George A. Bugg                                                         |  |
| TOTAL AMOU                                                                                                                                                                             | NT OF PAYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (\$) 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Art Unit                                     | 2636                                                                   |  |
| TOTAL AMOU                                                                                                                                                                             | INT OF PATIMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (\$) 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | .00 Attorney Docket No.                      | 4956P003                                                               |  |
| METHOD OF                                                                                                                                                                              | PAYMENT (check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | all that anniv)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                        |  |
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| Deposit Acco                                                                                                                                                                           | unt Deposit Accour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nt Number: 02-266                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6 Deposit Account Na                         | me: Blakely, Sokoloff, Taylor & Zafman LI                              |  |
| 1 FYTRAC                                                                                                                                                                               | I AIM EEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                        |  |
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| Total Claims Independent Claims Multiple Dependent  Large Entity  Fee Fee Code (\$)  1202 50 2 1201 200 2 1203 360 2 1204 300 2                                                        | Claims   C   | below FeePat  50.00 = \$0.0  200.00 = \$0.0  so of 20  aims in excess of 3  dent claim, if not paid  endent claims over original pate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 00<br>00<br>                                 | umber previously paid if greater. For Reissues, see below              |  |
| Total Claims Independent Claims Multiple Dependent Large Entity S Fee Fee Code (\$) C 1202 50 2 1201 200 2 1203 360 2 1204 300 2                                                       | Claims   C   | below FeePat  50.00 = \$0.  200.00 = \$0.  so of 20  aims in excess of 3  dent claim, if not paid endent claims over original pate is in excess of 20 and over original pate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 00<br>00<br>———————————————————————————————— | umber previously paid, if greater, For Reissues, see below             |  |
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| Total Claims Independent Claims Multiple Dependent  Large Entity S Fee Fee Code (\$) 0 1202 50 2 1201 200 2 1203 360 2 1204 300 2 1205 300 2 2  ADDITIO                                | Claims   C   | below FeePat  50.00 = \$0.  200.00 = \$0.  so of 20  aims in excess of 3  dent claim, if not paid endent claims over original pate is in excess of 20 and over original pate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 00<br>00<br>———————————————————————————————— | umber previously paid, if greater, For Reissues, see below<br>Fee Paid |  |
| Total Claims                                                                                                                                                                           | mall Entity  Fee Fee Description of the content of  | below FeePat  ( 50.00 = \$0.1  200.00 = \$0.1  ss of 20  aims in excess of 3  dent claim, if not paid endent claims over original pate is in excess of 20 and over original  (\$) 0.0  Fee Description late filing fee or oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent **or no                                  |                                                                        |  |
| Total Claims Independent Claims Multiple Dependent Large Entity S Fee Fee Code (\$) C 1202 50 2 1201 200 2 1203 360 2 1204 300 2 1205 300 2  2 ADDITIOL Large Entity Fee Fee Code (\$) | mall Entity  Fee Fee Description of the content of  | below FeePat  ( 50.00 = \$0.  ( 200.00 = \$0.  aims in excess of 3 dent claim, if not paid endent claims over original pate is in excess of 20 and over original  (\$) 0.0  Fee Description late filing fee or cath ate provisional filing fee or cove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ent **or no                                  |                                                                        |  |

| Large       | Entity      | Sma         | III Entity  | ,                                                                |      |          |
|-------------|-------------|-------------|-------------|------------------------------------------------------------------|------|----------|
| Fee<br>Code | Fee<br>(\$) | Fee<br>Code | Fee<br>(\$) | -<br>Fee Description                                             | •    | Fee Paid |
| 1051        | 130         | 2051        | 65          | Surcharge - late filing fee or oath                              |      |          |
| 1052        | 50          | 2052        | 25          | Surcharge - late provisional filing fee or cover sheet.          |      |          |
| 2053        | 130         | 2053        | 130         | Non-English specification                                        |      |          |
| 1251        | 120         | 2251        | 60          | Extension for reply within first month                           |      | 120.00   |
| 1252        | 450         | 2252        | 225         | Extension for reply within second month                          |      |          |
| 1253        | 1,020       | 2253        | 510         | Extension for reply within third month                           |      |          |
| 1254        | 1,590       | 2254        | 795         | Extension for reply within fourth month                          |      |          |
| 1255        | 2,160       | 2255        | 1,080       | Extension for reply within fifth month                           |      |          |
| 1401        | 500         | 2401        | 250         | Notice of Appeal                                                 |      | 500.00   |
| 1402        | 500         | 2402        | 250         | Filing a brief in support of an appeal                           |      |          |
| 1403        | 1,000       | 2403        | 500         | Request for oral hearing                                         |      |          |
| 1451        | 1,510       | 2451        | 1,510       | Petition to institute a public use proceeding                    |      |          |
| 1460        | 130         | 2460        | 130         | Petitions to the Commissioner                                    |      |          |
| 1807        | 50          | 1807        | 50          | Processing fee under 37 CFR 1.17(q)                              |      |          |
| 1806        | 180         | 1806        | 180         | Submission of Information Disclosure Stmt                        |      |          |
| 1809        | 790         | 1809        | 395         | Filing a submission after final rejection (37 CFR § 1.129(a))    |      |          |
| 1810        | 790         | 2810        | 395         | For each additional invention to be examined (37 CFR § 1.129(b)) |      |          |
| Other fee   | e (specify) | )           |             |                                                                  |      |          |
|             |             |             |             | SUBTOTAL (2)                                                     | (\$) | 620.00   |

| SUBMITTED BY |                                    |                |                                   |        |           | Complete (if applicable) |  |
|--------------|------------------------------------|----------------|-----------------------------------|--------|-----------|--------------------------|--|
| Nan          | ame (Print/Type) Thomas M. Coester |                | Registration No. (Attorney/Agent) | 39,637 | Telephone | (310) 207-3800           |  |
| Sig          | nature                             | Shomas Coester |                                   |        | Date      | 06/09/05                 |  |